What is this document?

This document is called a decision aid. It is designed to help you decide between treatment options. You should go through it and talk to your healthcare professional.

It is for people who have been told they have Dupuytren’s disease. Surgery will be an option when one or more of your fingers are bent and you cannot put your hand flat on a table top, and you feel Dupuytren’s is starting to impact your daily life.

Pages 1 – 5 should help you make a decision  Pages 6 – 8 have extra information

What is Dupuytren’s?

Dupuytren’s affects the tissue under the skin of your palm or fingers called the fascia. The fascia becomes thicker and less flexible. Over months or years, it can make your fingers bend towards your palm. This bending is called a contracture. Dupuytren’s can sometimes be uncomfortable or painful. **There is no cure yet for Dupuytren's disease.** Treatment can help to straighten your fingers and may improve the use of your hand, but it does not get rid of the disease.

Needle fasciotomy and open surgery are usually an option if your finger is bent at an angle of over 30° like this

Progression of Dupuytren’s disease

The first sign is often a small hard lump in the palm of your hand called a nodule.

Nodules may then thicken into a cord that restricts movement of the fingers.

Your treatment options:

There are several options for treatment of Dupuytren’s contracture. Which is best for you will depend on your contracture and personal feelings. **Some other options for early disease are described on page 6.**

- Do nothing
- Needle fasciotomy
- Open surgery fasciectomy
- Open surgery dermofasciectomy
2 Treatment options

Do nothing

This means having no treatment. It is always your choice whether to have treatment or not. If your Dupuytren's contracture isn’t impacting your daily life you might not want to have treatment. Your contracture may not get any better, but it may not get any worse. You can always decide to have a procedure later but if your finger(s) become very bent, treatment may not work as well.

Needle fasciotomy

Your hand will be numbed (using local anaesthetic) and a needle will be inserted in several places along your palm and finger. This will loosen and then snap the thick tissue which causes your Dupuytren's contracture.

It can only be carried out if your contracture is clearly visible (you can easily see the cord). A healthcare professional will be able to tell you if this applies to you.

Open surgery

**Fasciectomy**

Your hand will be numbed (using local anaesthetic) or you may be put to sleep (using general anaesthetic). Cuts will be made along your palm and finger and the thick tissue causing the contracture will be removed. This is the most common surgery for Dupuytren's contracture.

**Dermofasciectomy**

This is similar to a fasciectomy but you will also have a skin graft taken from elsewhere on the body. This is because some of the skin from your palm or finger is removed along with the contracture. This procedure is usually carried out in people under 40, people who have already had a fasciectomy in the past, or people whose skin is involved in their contracture.

When you have treatment for your Dupuytren's contracture it does not cure the disease. That means there is a chance that your Dupuytren's contracture will return after treatment. This is called recurrence. It can return to the same finger and hand or a different place. The risk of recurrence depends on your age, the severity of your disease and the treatment carried out.

Glossary of terms:

Fascia are your connective tissues
Ootomy means to cut
Ectomy means to remove
What’s important to you?

Your personal feelings are an important part of making a decision. Think about what matters most to you in this decision. On each question below, consider your answer and put a mark in the yes or no box, then talk the answers through with your healthcare professional.

Put an ‘✘’ where it applies to you

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>I struggle with daily activities (because of difficulty gripping and clumsiness)</td>
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<tr>
<td>I think the benefits of surgery are worth having a procedure</td>
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<tr>
<td>I would like a procedure even though my contracture could come back</td>
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</table>

If you’ve mainly marked no: doing nothing may be a good option.
If you’ve mainly marked yes: needle fasciotomy or open surgery may be worth considering.

If you have more ‘yes’ answers or still want to consider a procedure, complete the next three boxes.

Put an ‘✘’ where it applies to you

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A healthcare professional has told me I am suitable for needle fasciotomy</td>
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<tr>
<td>I don’t mind a higher chance of my contracture coming back</td>
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<tr>
<td>I would prefer a procedure with a shorter recovery time</td>
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If you’ve mainly marked no: open surgery may be a good option.
If you’ve mainly marked yes: needle fasciotomy may be a good option (if you are suitable).
4 Potential benefits and risks of options

Do nothing

What happens to people’s Dupuytren’s disease over time (7 years)? (Out of 100 people)

<table>
<thead>
<tr>
<th>Get better</th>
<th>Stay the same</th>
<th>Get worse</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>71</td>
<td>22</td>
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</table>

Needle fasciotomy

Open surgery

Fasciectomy

Fasciectomy

Dermofasciectomy

How much more are people able to straighten their fingers 1 week after procedure?

People with a 44° bend in their first finger joint had a 17° bend after a needle fasciotomy.

People with a 34° bend in their second finger joint had a 24° bend after a needle fasciotomy.

People with a 42° bend in their first finger joint had a 9° bend after a fasciectomy.

People with a 34° bend in their second finger joint had a 14° bend after a fasciectomy.

We do not have figures for improvement in contracture after dermofasciectomy.

How many people’s contracture returns within 5 years of a procedure? (Out of 100 people)

- 85 people saw contracture return within 5 years of a needle fasciotomy. 15 didn’t.
- 21 people saw contracture return within 5 years of a fasciectomy. 79 didn’t.
- 8 people saw contracture return within 5 years of a dermofasciectomy. 92 didn’t.

How many people have another procedure within 10 years? (Out of 100 people)

- 34 people have another procedure within 10 years of a needle fasciotomy. 66 don’t.
- 20 people have another procedure within 10 years of a fasciectomy. 80 don’t.
- 18 people have another procedure within 10 years of a dermofasciectomy. 82 don’t.

You can have another needle fasciotomy if your contracture comes back.

The risks are higher if re-operating (see next page for risks).

8 out of 100 people who had a fasciectomy after a dermofasciectomy needed an amputation within 3 months.
### Potential risks of the treatments

<table>
<thead>
<tr>
<th>Needle fasciotomy</th>
<th>Open surgery</th>
<th>Fasciectomy</th>
<th>Dermofasciectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-term nerve damage</strong>&lt;br&gt; (pins and needles or numbness) in their fingers? (Out of every 100 people)</td>
<td></td>
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</tr>
<tr>
<td>2 people have long-term nerve damage after a needle fasciotomy. 98 don’t.</td>
<td>3 people have long-term nerve damage after a fasciectomy. 97 don’t.</td>
<td>6 people have long-term nerve damage after a dermofasciectomy. 94 don’t.</td>
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<tr>
<td>2 do</td>
<td>3 do</td>
<td>6 do</td>
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<tr>
<td>98 don’t</td>
<td>97 don’t</td>
<td>94 don’t</td>
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<tr>
<td><strong>Complex regional pain syndrome</strong>&lt;br&gt; (long-term swelling and pain in the fingers)? (Out of every 100 people)</td>
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<tr>
<td>1 person has complex regional pain syndrome after a needle fasciotomy. 99 don’t.</td>
<td>4 – 10 people have complex regional pain syndrome after a fasciectomy. 90 – 96 don’t.</td>
<td>4 – 10 people have complex regional pain syndrome after a dermofasciectomy. 90 – 96 don’t.</td>
<td></td>
</tr>
<tr>
<td>1 does</td>
<td>4 – 10 do</td>
<td>4 – 10 do</td>
<td></td>
</tr>
<tr>
<td>99 don’t</td>
<td>90 – 96 don’t</td>
<td>90 – 96 don’t</td>
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<tr>
<td><strong>Short-term skin damage or wounds</strong>&lt;br&gt; that reopen after surgery? (Out of every 100 people)</td>
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</tr>
<tr>
<td>20 people have short-term skin damage after a needle fasciotomy. 80 don’t.</td>
<td>5 people have wounds that reopen after a fasciectomy. 95 don’t.</td>
<td>10 people have wounds that reopen after a dermofasciectomy. 90 don’t.</td>
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<tr>
<td>20 do</td>
<td>5 do</td>
<td>10 do</td>
<td></td>
</tr>
<tr>
<td>80 don’t</td>
<td>95 don’t</td>
<td>90 don’t</td>
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<tr>
<td><strong>Recovery time</strong></td>
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<tr>
<td>It takes less than 2 weeks to recover from a needle fasciotomy.</td>
<td>It takes 4 – 12 weeks to recover from a fasciectomy.</td>
<td>It takes 6 – 12 weeks to recover from a dermofasciectomy.</td>
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</table>

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Open surgery on the hand is a major operation. Your wounds should heal within a few weeks of surgery, but full recovery time may take many months. You will need physiotherapy during this recovery period.

These procedures do have other risks but we don’t have numbers for them, for example:
- risk of infection after the procedure
- risk of long-term joint stiffness after open surgery
- risk that the skin graft in dermofasciectomy won’t work.
There is some evidence that radiotherapy may slow the progression of the Dupuytren’s contracture in its early stages. It is rarely offered on the NHS but it is available privately, which means you would have to pay for this treatment. One study that looked at what happened to 135 people 13 years after radiotherapy:

- 10 out of 100 people's bending got better
- 59 out of 100 people's bending didn’t change
- 31 out of 100 people's bending got worse

Between 20 and 43 people out of 100 had short-term red, sore or dry skin after radiotherapy. 57 – 80 didn’t.

Between 5 and 64 people out of 100 had long-term dry skin after radiotherapy. 36 – 95 didn’t.

Between 5 and 13 people out of 100 had long-term skin wastage (called atrophy) after radiotherapy. 87 – 95 didn’t.

There is a very small risk of developing cancer with radiotherapy, the chance of this happening is thought to be around 1 in 5,000.

### Pain relief

Some people develop painful or uncomfortable nodules on their palm or finger. There are some options that can help manage or reduce this pain.

### Corticosteroids

Sometimes steroid injections can be used to treat the early stages of Dupuytren’s contracture. These injections do not help with the bending of your fingers but they may help ease painful nodules on your palm or fingers.

In 97 out of 100 people, nodules soften and flatten after 3 injections.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Count</th>
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<tbody>
<tr>
<td>Do</td>
<td>97</td>
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<tr>
<td>Don't</td>
<td>3</td>
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</table>

In 50 out of 100 people, nodules returned within 1 – 3 years.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Count</th>
<th>Count</th>
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<tbody>
<tr>
<td>Do</td>
<td>50</td>
<td>50</td>
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</table>

### Physiotherapy

There is little evidence that physiotherapy will help slow the progression of Dupuytren’s contracture. But if you are feeling pain and tension in your hand, exercises may provide some relief.
More information

What causes Dupuytren’s disease?

The exact cause is unknown. You are more likely to get the disease if:

- you have close relatives with Dupuytren’s
- you have diabetes or epilepsy
- you smoke or you drink a lot of alcohol
- you are a man.

If you are diagnosed with Dupuytren’s disease you may also get disorders affecting tissue elsewhere in the body. These can affect the feet (called Ledderhose disease) or the penis (called Peyroine’s disease).

How many people have Dupuytren’s disease?

Dupuytren’s disease can develop at any age but you are more likely to get it as you get older.

- **Aged 55**: 12 in every 100 people aged 55 have Dupuytren’s
- **Aged 65**: 21 in every 100 people aged 65 have Dupuytren’s
- **Age 75**: 29 in every 100 people aged 75 have Dupuytren’s

Where can I go for more information?

- **NHS**: https://www.nhs.uk/conditions/dupuytrens-contracture/
- **FAQs**: https://dupuytrens.org/faq/
- **Patient Info**: https://patient.info/bones-joints-muscles/dupuytrens-contracture-leaflet
- **British Dupuytren’s Society**: https://dupuytrens-society.org.uk

Where did we get our numbers from?

**Page 4:**
- What happens over 7 years from study of 93 people
  https://doi.org/10.1302/0301-620X.103B4.BJJ-2020-1364.R1
- Improvement in angles after surgery from a study of 113 people
  https://doi.org/10.1016/j.jhsa.2006.02.021
- Recurrence rates after 5 years for needle fasciotomy and fasciectomy from a study of 93 people
  https://doi.org/10.1097/PR5.0b013e31823aae95
- Recurrence rates after 5 years for dermofasciectomy from a study of 103 people
  https://doi.org/10.1302/0301-620X.82B1.0820090
- Reoperation rates after 10 years from a study of 121,488 people
  https://doi.org/10.1038/s41598-020-73595-y

**Page 5:**
- Potential risks from a review of 113 studies (20,020 people)

**Page 6:**
- Benefits of radiotherapy from a study of 135 people
  https://doi.org/10.1007/s00066-010-2063-z
- Potential risks of radiotherapy from a review of 6 studies (698 people)
  https://doi.org/10.1177/1753193417695996
- Benefits of steroids from a study of 63 people
  https://doi.org/10.1053/jhsu.2000.18493

**Page 7:**
- Prevalence of Dupuytren’s disease from a review of 10 studies
  https://doi.org/10.1097/01.prs.0000438455.37604
## Next steps

Once you have worked through this information you can use this space to write any questions you would like to discuss with your healthcare professional. Bring this document to your next appointment.

### Contacts

<table>
<thead>
<tr>
<th>Name of doctor, nurse or specialist</th>
<th>What are their contact details</th>
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Contact details of hospital transport (if applicable)

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### Next steps

<table>
<thead>
<tr>
<th>What will happen to me next? (treatments / tests?)</th>
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<table>
<thead>
<tr>
<th>When will these happen?</th>
<th>When will I be reviewed next?</th>
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<table>
<thead>
<tr>
<th>What decision do I need to make today? Or when do I need to make a decision?</th>
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### Questions for your specialist

These can be about any concerns you may have, for example what you hope for from your treatment decision

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